


FORM LM-3 LABOR ORGANIZATION ANNUAL REPORT


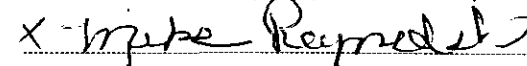
FOR USE BY LABOR ORGANIZATIONS WITH LESS THAN \$200,000 IN TOTAL ANNUAL RECEIPTS

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.


READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only  E	1. FILE NUMBER 5 1 3 - 3 8 5	2. PERIOD COVERED MO DAY YEAR From 0 1 0 1 2 0 0 2 Through 1 2 3 1 2 0 0 2	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: <input type="checkbox"/> (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: <input type="checkbox"/> (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here: <input type="checkbox"/>	
	4. AFFILIATION OR ORGANIZATION NAME OTHER COUNCILS & COMMITTEES AFL-CIO		8. MAILING ADDRESS First Name CHRISTOPHER Last Name CUSACK P.O. Box · Building and Room Number (if any) Number and Street 7 0 7 8 T H A V E City NEW YORK State ZIP Code + 4 NY 1 0 0 3 6 -	
5. DESIGNATION (Local, Lodge, etc.) LU	6. DESIGNATION NUMBER 1		9. Are your organization's records kept at its mailing address? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (If "No," provide address in Item 56.)	
7. UNIT NAME (if any) HOTEL MAINT CARPENTERS		56. ADDITIONAL INFORMATION Item Number		

Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)

57. SIGNED:  X 3/31/03 Date	PRESIDENT (If other title, see instructions.) 212-957-8000 Telephone Number	58. SIGNED:  X 3/31/03 Date	TREASURER (If other title, see instructions.) 212-245-9800 Telephone Number
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03-115-063513385



* 5 1 3 3 8 5 *

During the Reporting Period Did Your Organization:

10. Have a "subsidiary organization" as defined in Section X of the instructions? Yes No
11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? Yes No
12. Have a political action committee (PAC) fund? Yes No
13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? Yes No
14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? Yes No
15. Discover any loss or shortage of funds or other property? Yes No
(Answer "Yes" even if there has been repayment or recovery.)
16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? Yes No
17. Pay any employee salary, allowances, and other expenses which, together with any payments from affiliates, totaled more than \$10,000? Yes No
18. Have loans totaling more than \$250 to any officer, employee, or member, or make any loans to a business enterprise? Yes No

(If the answer to any of the above questions is "Yes," provide details in Item 56 as explained in the instructions for each item.)

19. How many members did your organization have at the end of the reporting period?

20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$

21. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions? Yes No
(If the constitution and bylaws or practices/procedures have changed, see the instructions.)

22. What is the date of your organization's next regular election of officers? MO YEAR

23. What are your organization's rates of dues and fees?
(Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees	
(a) Regular Dues/Fees	\$ 468 per YEAR (Month, Year, etc.)
(b) Initiation Fees	\$ 60.00
(c) Transfer Fees	\$ 0
(d) Work Permits	\$ 0 per MONTH (Month, Year, etc.)

24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

Enter Amounts in Dollars Only - Do Not Enter Cents

FILE NUMBER: **5 1 3 - 3 8 5**

	(A) Name <i>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</i>		Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	Total (F)
	(B) Title <i>(Enter title of officer, such as PRESIDENT or TREASURER.)</i>	Status (C)*			
1.	CUSACK PRESIDENT	CHRISTO C	0	0	0
2.	RYAN SECRETARY	JOSEPH C	0	0	0
3.	REYNOLDS SECRETARY TREASURER	MIKE C	0	0	0
4.	KOJO 2ND VICE PRESIDENT	COOKE C	0	0	0
5.	CAMBRANES 1ST VICE PRESIDENT	PEDRO C	0	0	0
6.	CONNOLLY BOARD MEMEBER	MICHAEL C	0	0	0
7.	DIKHIA BOARD MEMBER	RONALD C	0	0	0
8.	Totals from additional pages <i>(if any)</i>		0	0	0
9.	Totals of Lines 1 through 8		0	0	0
			10. Less Deductions		0
The Total from Line 11 in			11. Net Disbursements		0

* Code for Status (C): past officer - P; continuing officer - C; new officer during the reporting period - N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 56.)

Enter Amounts in Dollars Only - Do Not Enter Cents

FILE NUMBER: 5 1 3 - 3 8 5

STATEMENT A ASSETS AND LIABILITIES	ASSETS		LIABILITIES			
	Item	Start of Reporting Period (A)	End of Reporting Period (B)	Item	Start of Reporting Period (C)	End of Reporting Period (D)
	25. Cash	0	0	32. Accounts Payable	0	0
	26. Loans Receivable.....	0	0	33. Loans Payable	0	0
	27. U.S. Treasury Securities	0	0	34. Mortgages Payable	0	0
	28. Investments	0	0	35. Other Liabilities	0	0
	29. Fixed Assets	0	0	36. TOTAL LIABILITIES	0	0
	30. Other Assets	0	0			
	31. TOTAL ASSETS	0	0	37. NET ASSETS (Item 31 less Item 36)	0	0

STATEMENT B RECEIPTS AND DISBURSEMENTS	CASH RECEIPTS		CASH DISBURSEMENTS	
	Item	AMOUNT	Item	AMOUNT
	38. Dues	0	45. To Officers(from Item 24)	0
	39. Per Capita Tax	0	46. To Employees(less deductions)	0
	40. Fees, Fines, Assessments & Work Permits	0	47. Per Capita Tax	0
	41. Interest & Dividends	0	48. Office & Administrative Expense	0
	42. Sale of Investments & Fixed Assets	0	49. Professional Fees	0
	43. Other Receipts	0	50. Benefits	0
	44. TOTAL RECEIPTS	0	51. Contributions, Gifts & Grants	0
<p>If total receipts reported in Item 44 are \$200,000 or more, your organization must file Form LM-2 instead of this form.</p>			52. Purchase of Investments & Fixed Assets	0
			53. Loans Made	0
			54. Other Disbursements	0
			55. TOTAL DISBURSEMENTS	0

ORGANIZATION NAME:
OTHER COUNCILS & COMMITTEES AFL-CIO

FILE NUMBER: 5 1 3 - 3 8 5

ENDING DATE OF PERIOD COVERED:
12/31/2002

24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name <i>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</i>		Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	Total (F)
Title <i>(Enter title of officer, such as PRESIDENT or TREASURER.)</i>	(C) Status *			
HOZMAN BUSINESS AGENT	SHERLYN	0	0	0

ORGANIZATION NAME:
OTHER COUNCILS & COMMITTEES AFL-CIO

ENDING DATE OF PERIOD COVERED:
12/31/2002

FILE NUMBER: **5 1 3 - 3 8 5**

56. ADDITIONAL INFORMATION (continued)

Item Number	
11	<p>N.Y.H.T.C & HOTEL ASSOCIATION OF NYC, INC. HEALTH BENEFITS FUND 305 WEST 44TH STREET, NY, NY 10036 Provides health benefits for families of hotel employees. 501c(9)</p> <p>N.Y.H.T.C & HOTEL ASSOCIATION LEGAL FUND 305 WEST 44TH STREET, NY, NY 10036 Provides legal services for eligible hotel employees</p> <p>N.Y.H.T.C & HOTEL ASSOCIATION INDUSTRY TRAINING & SCHOLARSHIP FUND 305 WEST 44TH STREET, NY, NY 10036 Provides training programs for hotel employees and scholarship benefits for eligible dependents.</p> <p>N.Y.H.T.C & HOTEL ASSOCIATION OF NYC, INC. PENSION FUND 305 WEST 44TH STREET, NY, NY 10036 Provides retirement benefits for hotel employees. 501c(9)</p>